UCSF NEWS

HYPERTENSION

Hypertension . . . or abnormally high blood pressure . . . is easily screened and can be treated successfully. However, in spite of all that is known about hypertension, it is the third highest cause of death in the United States of America and is often related to the two most frequent causes of death . . . heart disease and stroke. One survey estimates that 23,000,000 people in this country have hypertension, but only half of them have been diagnosed; of these, less than half receive treatment.

Hypertension afflicts people of all ages, including infants and adolescents, and it is the commonest of all diseases affecting the heart and blood vessels. In addition to being a potential killer, hypertension contributes to the development of other disabling conditions; such as stroke, heart failure, and kidney failure.

At UCSF the cause of hypertension and the treatment of people who have hypertension are of primary interest to many physicians and researchers working cooperatively within the medical center and in community health facilities in the Bay Area. Together, internists, surgeons, radiologists, physiologists, statisticians, and other specialists represent a unique spectrum of skills directed to providing better treatment programs for persons with abnormally high blood pressure; to developing new diagnostic techniques; and to discovering the mechanisms that trigger hypertension.

The Hypertension Clinic at UCSF was started in 1946 by Dr. Maurice Sokolow of the Department of Medicine. Originally, it was designed for patients with severe hypertension who were referred by their physician to UCSF for diagnostic and consulting services. Today, in addition to these services, Dr. Sokolow, Director of the Clinic, and Dr. Dorothee Perloff, of the Department of Medicine and who is Associate Director of the Clinic, are responsible for a long-term program that emphasizes continuity of care for all those referred to the Clinic. This continuous total care approach is considered vital to the good health of those who have high blood pressure because hypertension is a chronic, life-long illness.

As the heart strains to push blood through the arteries the increased pressure exerts an abnormal stress on the arterial walls. In time, damage occurs in the arteries, resulting in ruptured or occluded vessels in the brain, retina, aorta, and kidneys. Chronic overwork also contributes to enlargement of the heart which must work harder to pump blood through the resisting arteries, eventually leading to heart failure.

Amid the bustle of activity in the Hypertension Clinic, ringing telephones are answered, charts for patients routed to the attending physician, directions for tests are given, and through it all the concern for each patient as an individual is evident. Many are greeted by their first name and inquiries are made about children and family. Mixed with the hum of general conversation, a counterpoint of German or Spanish is heard. An instructional brochure is available on *Hypertension and Heart Disease* written in Chinese, English, and Spanish.

Within the quiet oasis of each examination room, however, the physician carefully checks information in the patient's health history and proceeds with the examination. Although the physician focuses on blood pressure readings . . . taken while the patient is seated, standing, and after exercise . . . eye examinations, listening to the heart, checking pulse points for signs of atherosclerosis, there are questions, too . . . Any dizziness, shortness of breath? Weight is on the checklist, and a few questions about family and work.

Closer attention to the working and family environment of patients is picked up by the social workers and Clinic nurse, Mrs. Dolores Giles. They discuss with patients matters that may be causing concern and provide counseling and information services. This counseling may relate to a family situation, to employment, or to a financial crisis. Mrs. Brenenstuhl, who directs the activities of staff and volunteer social workers in the Clinic, and her colleagues are developing a chart listing agencies and organizations which may be helpful to individuals during times of personal crisis.

There is evidence that blood pressure drops in some patients once a personal crisis is resolved. Examining a family situation, encouraging a job change, helping some one to recognize an underlying personality conflict, giving guidance for supportive help from public and private sources are activities which the social workers contribute. This form of help is coordinated with the health program worked out for each patient by the physicians. There are group meetings that provide the opportunity for patients to share experiences with each other, as well as with the nurse and social workers.

In approximately 90 percent of persons diagnosed as having hypertension, a specific cause cannot be found; they are considered to have "essential hypertension." In a small percentage of patients a specific cause can be established . . . such as a tumor in the adrenal gland, narrowing of an artery to the kidney, narrowing of the main artery (aorta) leading from the heart (coarctation), or chronic kidney disease. Hypertension in young children, for example, is more often caused by a tumor or a developmental defect in the vascular system or by renal disease. There is increasing evidence, however, that children do have "essential hypertension."

At the simplest level, hypertension is defined as sustained blood pressure that is higher than the blood pressure considered average for a specific age. Modern society's preoccupation with translating every aspect of life to computer card simplicity creates a demand to label one figure as the absolute for hypertension. But human beings are variable and some specialists urge that hypertension be considered a quantitative and not a qualitative condition. Experts in hypertension recommend that blood pressure be considered an individual variable like height and weight. Even those persons with what may be considered "normal" blood pressure can have considerable abnormal fluctuation under conditions that may be stressful to them.

Although there is some difference of opinion about the specific numerical designation for hypertension, it is generally accepted that sustained elevated "systolic" blood pressure readings over 160 millimeters of mercury and "diastolic" readings over 95

millimeters of mercury are potentially dangerous. "Systolic" readings reflect the pressure as the blood is pumped into the arteries and "diastolic" the resting pressure when the heart is not "squeezing." Some experts believe that pressure rises because of resistance in the arteries rather than overactive pumping by the heart: others believe that during the early phase of the development of hypertension there is increased dynamic pumping by the heart.

The ancient Egyptians considered the heart to be the center of consciousness and being. Modern science has proved that the heart is the central pump for a complicated circulatory system that carries blood to all tissues in the body. Each hour, more than 2000 gallons of blood are pumped by the heart into the arterial system with enough force to carry it to all organs. Once delivered, the blood is drained by the venous system. The veins are equipped with special valves that keep the blood from flowing backwards; muscular activity in the vessels pushes the blood back to the right chamber of the heart so that it can be pumped into the lungs for oxygen and into the left chamber of the heart to be pumped, again, into the arteries. This continuous cycle carries nutrients, oxygen, and other substances to all body tissues and picks up waste materials to be excreted.

Mechanical measurement of blood pressure is, historically speaking, a recent technique. Although a sphygmomanometer capable of accurate measurement was available by 1881, it took more than thirty years before it was routinely used by most physicians in the United States.

The ancient Egyptians had a water clock to count pulse beats, but there is no evidence that they or the Greeks understood blood circulation as it was described by William Harvey during the 17th century. The name of the main artery in the neck . . . the carotid, from the Greek word Karos, meaning deep sleep . . . indicates that the healers of ancient times did associate it with unconsciousness and stroke.

Galileo developed a pulsimeter but it proved to be too awkward for bedside use. In the 17th century an English physician invented a "Physician's Pulse Watch." But until the early part of the 20th century, both pulse rate and pressure were gauged by the physician's sense of touch . . . usually by placing the first three fingers on the inner side of a person's wrist where the radial artery lies close to the skin's surface. Today, blood pressure is measured by using a sphygmomanometer.

A portable blood pressure recorder that could be worn by the patient at home and at work was developed in 1962 at UCSF in the Cardiovascular Research Institute by Drs. A. T. Hinman, of the Department of Medicine, and Dr. Maurice Sokolow. With this semi-automatic recording apparatus, it was possible to know . . . without the presence of a nurse or physician . . . how much variation in blood pressure occurs during a normal day's routine. During the past ten years the "portometer" has been improved so that it can be worn comfortably. Approximately 26 readings are recorded on the magnetic tape each day the portometer is worn.

This series of blood pressures along with the record kept by the patient of time and activity preceding each blood pressure determination helps the physician to understand the kinds of situations and activities that are associated with the rise or fall in blood pressure. The study also acts as a guide to determine the effectiveness of medication. In some instances the intradaily blood pressure level suggests that the patient actually is not taking medication. From the recordings over a twelve hour period, it is possible to know the average daily load to which the cardiovascular system of a particular individual is subjected; a more representative indication than the one, two, or three usual . . . or "casual" . . . readings taken at the doctor's office. The average office reading, according to a study made by Drs. Hinman, Kain, and Sokolow is usually higher than the average daily pressure revealed by the portometer. For example, the pressure of a young school teacher records elevated levels when taken during office visits. The portometer showed normal levels, except for the reading which the young man took just after driving home across the Bay Bridge.

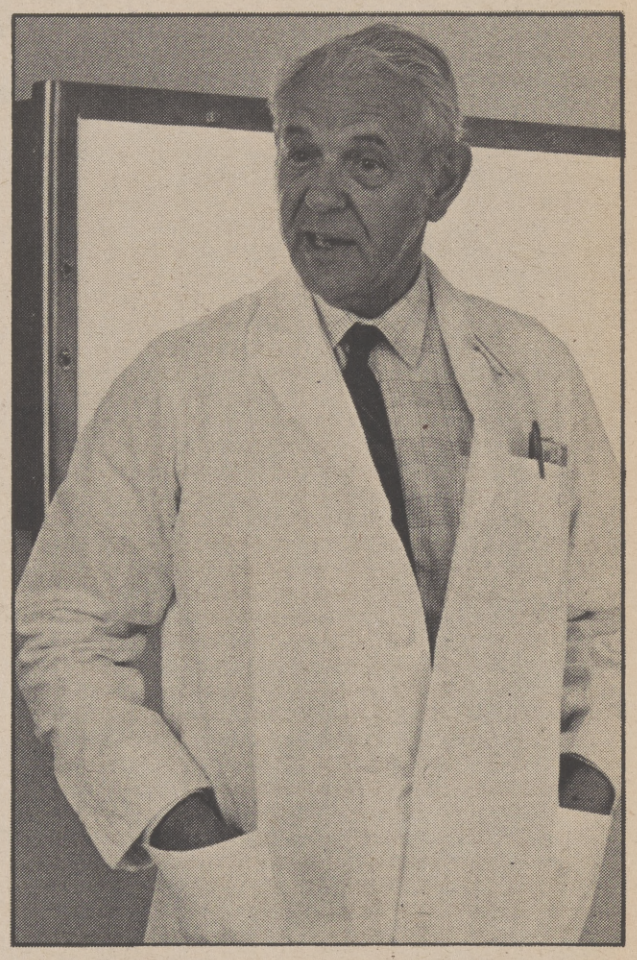
In a cooperative program with Highland Hospital in Oakland, the medical information recorded on all Hypertension Clinic patients and on all patients who have worn the portometer is part of a computer registry being developed at UCSF. This registry is updated yearly. Data accumulated is programmed into a computer and analysed by Ronald Cowan, Associate Specialist at UCSF. This permanent record represents a large sampling of hypertension patients and will contribute ultimately to a clearer profile of how hypertension develops and what influences its course.

"Essential hypertension" can be *controlled* with medication: it is possible to permanently *cure* hypertension when it is caused by a tumor, narrowing of an artery, or a developmental defect in the vascular or renal system which can be surgically corrected.

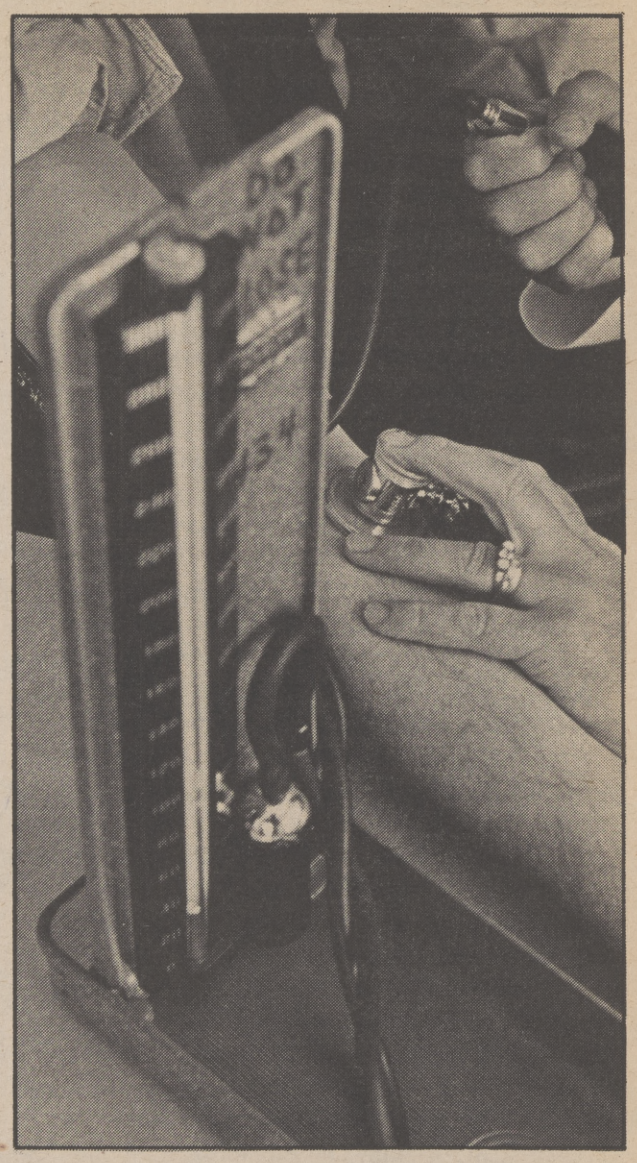
The most common medications that are currently prescribed for the treatment of hypertension include the thiazides and other diuretics (to increase excretion of salt and water), reserpine, hydralazine, alpha methyl dopa, guanethedine, and the ganglionic blocking agents. Some drugs can be given in combination with others to achieve the best results: All medications are titrated with consideration for the individual patient's requirements and tolerance.

When hypertension drugs were first made available during the 1950's, Dr. Sokolow pioneered their use in treating patients with hypertension. Today, many medications are available but they still must be tailored to the individual's need. In the majority of patients a satisfactory and effective combination of medications can be developed that permits a normal life and prevents complications. Once the diagnosis has been made and the medication prescribed, however, it is up to the patient to continue to take the medication.

Surgery is the tool for curing hypertension which has a specific cause such as a tumor or blocked artery. Since 1952, Dr. Edwin J. Wylie, of the Department

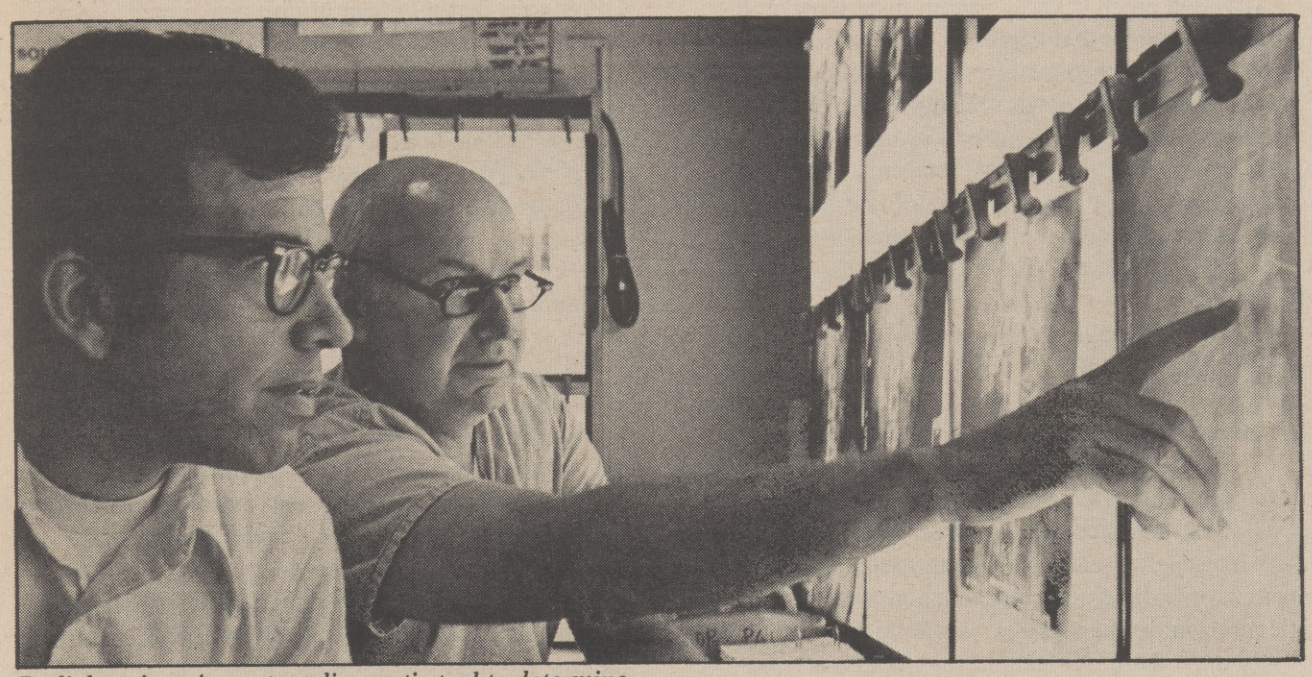


Dr. Maurice Sokolow, Professor of Medicine, is the leader of many activities at UCSF and in the community to improve screening and treatment procedures for hypertension.



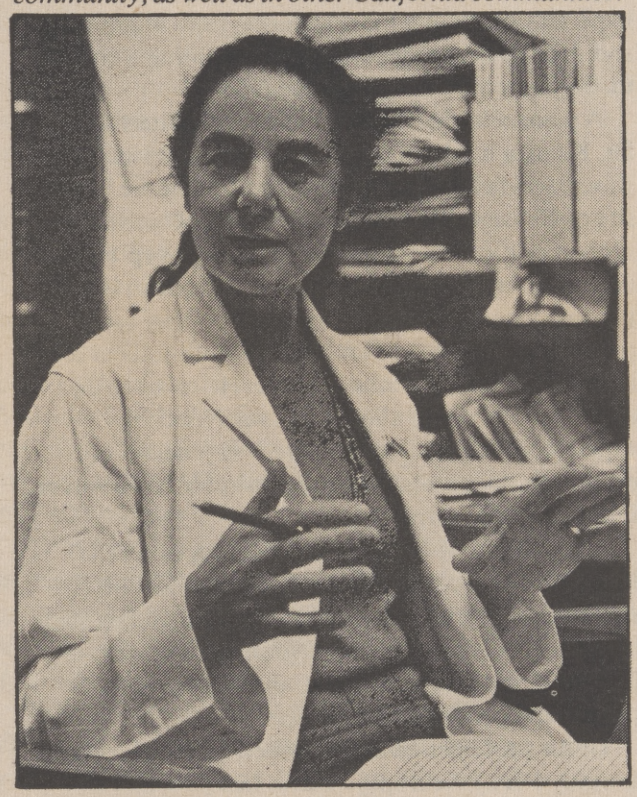
The Sphygmomanometer consists of an inflatable cuff and a mercury gauge, used in conjunction with a stethoscope. When inflated, the cuff cuts off the artery (brachial) in the upper arm. As the cuff is deflated, the pressure in it decreases. When the pressure in the cuff equals the pressure in the artery, a pulsating sound can be heard through the stethoscope. The pressure (registered on the mercury column) at which the pulsation is first heard is called "systolic pressure" and the pressure level at which the sounds disappear is called "diastolic pressure."

photos by Tom Walters

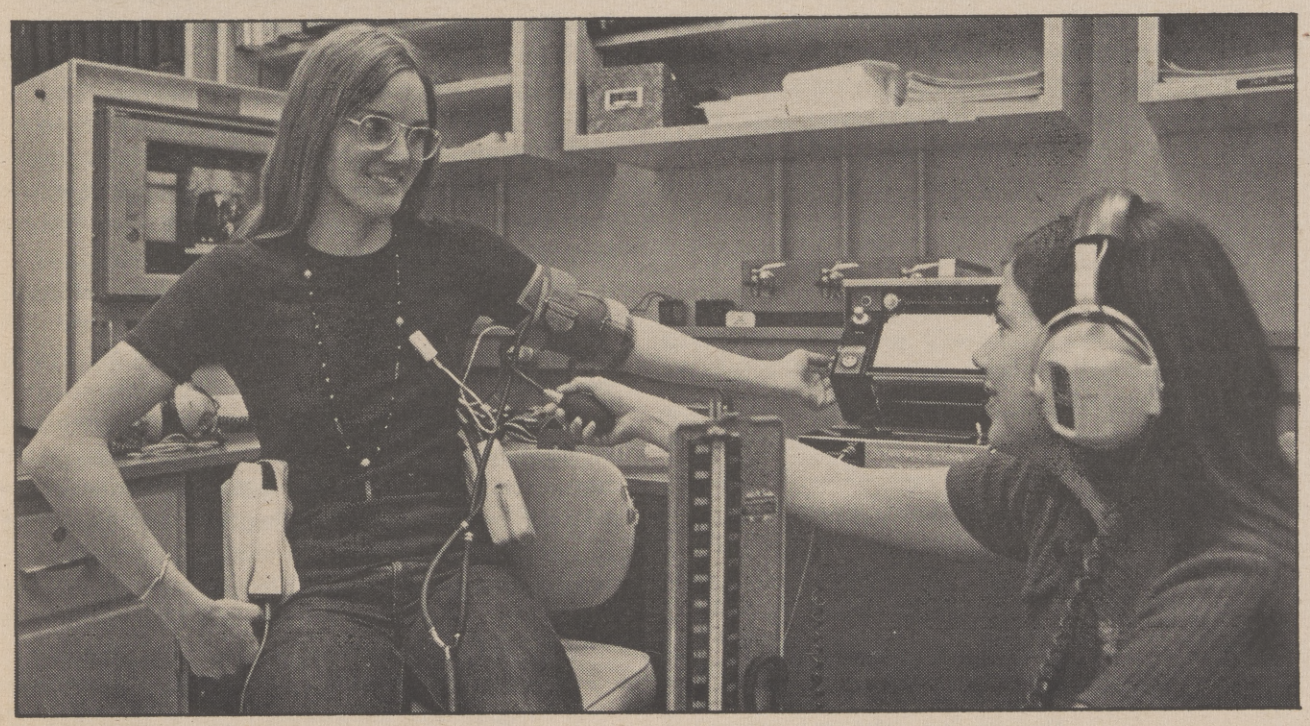


Radiology is an important diagnostic tool to determine the cause of sustained elevated blood pressure levels. Dr. Alphonse Palubinskas (right) compares x-rays of renal arteries and discusses the findings with Dr. Donald Lawson, an NIH Special Fellow in Radiology.

Social Worker, Mrs. Pat Petrakis (right), checks a hypertension patient's medical record with Betty Austin, a social worker who volunteers her services to counsel patients.



Associate Clinical Professor of Medicine, Dr. Dorothee Perloff, gives a generous portion of her time to teaching residents from UCSF in conjunction with clinical services for patients. Many of the students she teaches will become practising internists in the local community, as well as in other California communities.



Patients wearing the portometer are shown how to take their blood pressure readings. An initial reading is made in the Portometer Laboratory as demonstrated here by Alice Cockey and Barbara Sorba, both Staff Research Associates in the Cardiovascular Research Institute.

of Surgery at UCSF, has refined and introduced new surgical techniques for correcting arterial abnormalities. Defective and diseased portions of these delicate vessels can be removed or "patched" or by-passed to allow normal blood flow to be restored. This type of surgery is used to correct a condition called fibromuscular dysplasia, in which the inside diameter of an artery is reduced because the wall of the artery thickened: In the renal artery this reduces the flow of blood to the kidney. Normal blood flow can be restored to the kidney by removing the thickened sections of the artery. At UCSF there is a 75 percent rate of cure among hypertensive patients who have had surgery to correct this condition, which occurs most frequently among people in the twenty to fifty year age group. It is also more prevalent among women.

Atherosclerosis is another cause of elevated pressure when it inhibits blood flow through the renal artery. In atherosclerosis, fat deposits (lipids) collect on the inner wall of an artery narrowing the passage and slowing blood flow . . . just as an accumulation of grease on the walls of a drain pipe slows the flow of water. At UCSF, corrective surgery has restored blood pressure to normal levels in 55 percent of those whose hypertension was believed to be caused by atherosclerotic narrowing of an artery leading to the kidney.

Arterial surgery, which helps so many people, is possible not only because of the development of surgical techniques but also because of radiologic techniques developed by Dr. Alphonse J. Palubinskas, of UCSF's Radiology Department.

In 1961, after studying in Sweden for two years, Dr. Palubinskas began to perfect the diagnostic techniques that he had learned abroad and to develop new ones, here, at UCSF. Application of such x-ray techniques as rapid-sequence intravenous pyelograms, renal arteriograms, and selective vascular catheterization can pinpoint the specific causes of hypertension. They provide an accurate, visual diagram of abnormalities in the arteries, kidneys, and adrenal glands which may be the cause of hypertension. Even "live" television is used to complete such delicate procedures as collecting blood from renal veins to determine the amount of renin present in blood as it leaves the kidney.

The value of radiology as a diagnostic tool extends to a specialized research study at UCSF that is accumulating facts about juvenile hypertension. With Dr. Dorothee Perloff, Dr. Melvyn Korobkin of the Department of Radiology is analyzing the arteriograms of children and adolescents with hypertension. Their's is probably the largest survey of this age group ever compiled. Although the survey is not completed, the results suggest that hypertension in children is not rare and that "essential hypertension" does occur in children; as well as renal, endocrine, and other forms of hypertension. Dr. Korobkin's observations support the value of renal arteriography in detecting vascular defects which cannot be discovered through other tests.

Hypertension remains one of the principal risk factors in the development of heart attacks. It is a condition that every practising physician can detect and one in which early diagnosis and continuing treatment can benefit the patient. It is the practising physician, after all, who is the first . . . and sometimes only one . . . who has the opportunity to detect sustained blood pressure that is at a potentially dangerous level. If a physician determines that more definitive tests are needed, it is medical centers like UCSF that can provide specialized diagnostic and consultive services. Also it is teaching centers such as UCSF that are a source of health professionals manpower; as well as a continuing educational resource for health professionals.

Recently, an attack on stroke and atherosclerotic disease was organized through a program that was primarily a network of training and demonstration programs. Hypertension was one of the key "risk factors" that were the target of that multidiscipline program which was organized under Area I of the federally funded Regional Medical Programs (RMP), now eliminated by national budget cuts. Early diagnosis, comprehensive care, and increased awareness of contributing factors were emphasized. The program on hypertension was under the direction of Drs. Maurice Sokolow, David Werdegar of the Division of Ambulatory and Community Medicine at UCSF, and Lucy S. Goodenday who was the Associate Coordinator of RMP.

UCSF participated as a resource for specialized laboratory support, and was one of several Bay Area health facilities whose faculty and staff served as consultants and teachers in community hospitals throughout northwest California, extending to the Oregon border.

Physicians who participated in this initial project have since developed hypertension units at several community hospitals, each with its own unique feature. At Kaiser Permanente Medical Center in Oakland, for example, the Hypertension Clinic which was developed under the guidance of Dr. Krikor Soghikian, uses a nurse practitioner in the examination and care of patients; has an educational program for health professionals; and cooperates with UCSF in a research survey.

The hypertension clinic developed by Dr. Wade Sherwood at Highland Hospital in Oakland is marked by emphasis on consultation services and continuing comprehensive care with strong nursing and social service support.

At Alta Bates Hospital in Berkeley, the clinic developed by Dr. David Miller is cited as an example of how a privately owned health facility can utilize its own clinical laboratory and x-ray department for hypertension patients attending the hospital-based clinic. This clinic also provides continuing education seminars for physicians in the community.

In Santa Rosa, the Community Hospital of Sonoma County includes the activities of the hypertension clinic in the context of a Family Care Clinic.

The physicians who participated in the Area I sponsored project continue to contribute to the Hypertension Clinic at UCSF, where they are members of the staff.

Although much is known about hypertension, the basic mechanisms that trigger its onset remain to be discovered. One theory suggests that blood pressure is part of the body's response to danger. The contention is that as modern society introduces more stimuli with greater frequency, the pressure tends to remain at an elevated level even after the initial threat is removed. This sustained pressure may result in a narrowing of blood vessels and a rise in vascular resistance to blood flow.

Genetic factors, as well as environmental factors, are under scrutiny. Ethnic customs, dietary patterns, and geographical location are all being considered in the total spectrum of factors. UCSF sociologist, Dr. Jan Howard, is particularly interested in the high incidence of hypertension among people in the black population. She is collecting data to determine if there is a genetic factor comparable to that in sickle-cell anemia, or if there are environmental aspects that are contributory factors.

Although there is reluctance to talk about psychological factors, there is considerable evidence that blood pressure is influenced by tension, stress, and anxiety. It has been shown that blood pressure and heart rate can be lowered through a technique called bio-feedback. In the Department of Psychiatry at UCSF, Dr. Joe Kamiya has included patients with hypertension among those suffering from migraine and tension headaches who are attempting to relieve their symptoms through bio-feedback.

A pioneer in the study of brain wave patterns, Dr. Kamiya has been particularly interested in alpha waves, which he began to study in 1952 at the University of Chicago. This particular electrical activity of the brain is sometimes found during sleep but also occurs during meditative periods. Dr. Kamiya is able to teach his subjects to recognize when they are producing alpha waves and how to sustain them for increasingly longer periods of time. He cautions that alpha wave training should be supervised by experienced technicians because it is possible to encourage the production of undesirable brain waves if not properly instructed.

The number of hypertensive patients in Dr. Kamiya's bio-feedback group have been few in number but the drop in diastolic pressure among some of them is very encouraging. No drugs are used . . . just concentration, awareness, and most important of all, *expert scientific guidance*.

Under the direction of Dr. Robert E. Harris of the Langley Porter Neuropsychiatric Institute, and Dr. Ralph Forsythe who is a member of the Cardiovascular Research Institute, a "laboratory model" of hypertension has been under study for several years. Continuous measurement of pressure is made on a small group of monkeys who are given a series of tasks to complete. All activities are keyed to factors that parallel those experienced by humans . . . stress, anxiety, elation, fear, etc. The role of psychological and physiological elements in the development of hypertension is suggested by results from these monkeys.

In UCSF's Department of Physiology, Dr. William F. Ganong studies the secretion of renin which, in turn, is a major factor in the release of a hormone called aldosterone. The ultimate effect of the renin-aldosterone complex is to regulate potassium and salt balance, and to maintain a constant blood volume in the circulatory system. This particular aspect of Dr. Ganong's research represents one of several studies at UCSF to determine physiological factors in hypertension.

While working at SFGH on the development of screening procedures to detect the presence of adrenal tumors in patients with hypertension, Dr. Biglieri, of the Department of Medicine at UCSF, and his associates were able to recognize that certain individuals with hypertension have hormonal variations. For example; two hormones . . . deoxycortosterone (DOC) and aldosterone . . . are substances that can cause elevation of blood pressure. Excessive secretion of the hormones occurs when a tumor exists in the adrenal gland. Surgical removal of the diseased adrenal may restore blood pressure to normal levels.

A rare form of hypertension that Dr. Biglieri discovered is caused by an enzyme deficiency in the adrenal gland system. This can be suppressed by medication. Dr. Biglieri believes that knowing more about the endocrine factors in hypertension will lead to more efficient types of treatment and that it will indicate what new drugs should be developed to control hypertension.

At UCSF, the comprehensive services for children include the skills and knowledge of several pediatricians whose specialized training relates to the diagnosis and treatment of hypertension in children. Among them, Dr. Malcolm Holliday, who directs the hemodialysis program at SFGH, screens youngsters to determine whether or not there is a kidney defect or a tumor. Hypertension sometimes develops in the children who have had kidney transplants or who are on dialysis. Dr. Holliday is particularly concerned that more attention be directed to factors that may contribute to the development of hypertension in later life. He is currently a member of the American Academy of Pediatrics' Committee on Nutrition, which is preparing to issue the results of a study on the role of salt in hypertension; this is part of a larger review of dietary patterns.

Providing the best possible diagnostic and comprehensive health care services to people who have hypertension is the goal of many individuals at UCSF and other health care facilities in the Bay Area. It is a long established goal and one which has encouraged innovations and development in patient care, research, and teaching. The patient often sees only the end result of the work of a number of interrelated projects.

The tragic consequences of untreated hypertension can be minimized by increased screening to discover the presence of high blood pressure and a continuing program of health care. Finding the mechanisms that trigger this disease that is a national health problem is yet to be accomplished.

R.C.

Your Medicine Cabinet

Medicine cabinets are not only overstocked with unnecessary items, they are located in the worst place for the storage of their contents.

Jere E. Goyan, Dean of UCSF School of Pharmacy believes the best place for the medicine cabinet is the bedroom . . . even those with water beds.

"The worst possible place for drug storage is the bathroom. Although I must admit my own medicine cabinet, at home, is in the bathroom. The high humidity and warmth of the bathroom will cause drugs to breakdown because they absorb the water in the air. Also, each ten degree rise in temperature doubles the instance of drug breakdown."

"There are not many items that are a *must* in the medicine cabinet," said Dr. Goyan, "just some aspirin, anti-acid, and band-aids."

Old drugs should be thrown away periodically. "It is the worst kind of thinking to believe these drugs might be needed at a later date. It is not economically good, and it may be dangerous for several reasons."

"When some drugs, such as antibiotics and aspirin, breakdown they can become toxic. Also, children have a tendency to gulp everything they can find."

"It is only human nature," he continued, "to try and save money and take care of one's self, however it could easily happen that prescribing for one's self or others will end in a trip to the emergency room."

"For example, in some cases, a person will be given 36 capsules of an antibiotic to be taken over a period of time," Dr. Goyan explained, "and after taking 24 capsules with symptoms gone, that person will store the remaining 12 capsules just in case he ever feels those same symptoms reoccurring. He may even try and give those capsules to a friend with similar symptoms. Some people try to prescribe for themselves and friends what they have left over in their cabinets."

There is also the problem of determining whether drugs have gone stale after long periods of time in the medicine cabinet. No drug should be kept after three years. "It is hard to determine if drugs sold over the counter have gone stale," said Dr. Goyan. "However, it is simple with prescription drugs. By law, an expiration date must be printed on all prescriptions."

"Some drugs show their age," he explained. "Capsules become brittle. The drug inside may be in good condition, but the brittle capsule is an indication that the drug is getting old."

"Color changes don't always mean that the drug is stale. The drug may still be fresh even when the color-agent changes. Most people become sensitive to changes in the color of their drugs, and throw out perfectly good drugs because of a change in color."

"Liquid preparations, stored where they are exposed to light, will change color. These preparations often are still fresh. Some drugs, however, such as epinephrine and adrenalin for asthmatic patients, will change color as they become stale. When the clear liquid turns brown and a sediment forms on the bottom of the bottle, it is time to purchase a fresh bottle," advises Dr. Goyan.

Ointments will become grainy and gritty with age. If the ointment has been prescribed for a specific problem, some people will save the old ointment to use at a later date if the problem reoccurs.

"It is amazing that people will put out $3,000 for a car," remarked Dr. Goyan, "but will hang on to a fifty cent tube of old ointment—or any other preparation—just to save a little money."

Many accidents occur each year because of leaving drugs where children can reach them or because of taking old drugs that have become toxic or because of an unlabeled bottle.

"When I was at the University of Michigan," recalled Dr. Goyan, "the child of a graduate student drank the contents of an unlabeled bottle. It was later found to contain mercuric chloride, a toxic poison. However, it was discovered too late to save the child."

"Antibiotics break down so that they are no longer antibiotics. In the later form they are toxic to humans. In 50 percent of the drug poisoning cases it is found that the victims are members of physician's families," noted Dr. Goyan. "Physicians put their free samples away until a member of the family is ill and then administer the old sample."

Dr. Goyan commented on the new types of bottle caps which are now being used on drugcontainers to prevent children from opening them: some older people are finding it impossible to remove the caps. They may have a friend open the bottle for them and then leave it open. This will cause a faster breakdown of the drug because more water can get into the pills."

Dr. Goyan considers it wise to keep poison and antidote information on hand. If the correct antidote is not known, an immediate trip should be made to the emergency room.

Vitamin D can also be toxic and dangerous to humans. "Too much of this vitamin can cause calcium deposits in the bones. Unlike water-soluble Vitamin C, Vitamin D can not be easily released from the body," said Dr. Goyan.

"I haven't taken vitamins for the past 20 years," he said, "and my family doesn't take them either. Vitamins are sold to the American people because of the myth that something is missing from our food. We are made to believe that by taking vitamins we will feel 100 percent better."

"Vitamin E is now thought to be *the* cure-all: in 1946 it was antihistamines. When double blind tests were done on antihistamines it was found that they did not cure the common cold. It is now said that they only *prevented* colds in 1946."

When taking multi-vitamins, it is difficult to determine whether or not all of the vitamins are retaining their potency. Some are water-soluble and others oil-soluble. Mixing these into a common capsule and making them last is difficult; and it is even more difficult to check each vitamin's potency since each looses potency at different time intervals.

Dr. Goyan suggests that if people have specific questions on the potency of drugs, they should not hesitate to ask their pharmacist.

Kathy Bramwell

Editor's note . . . We wish to express our appreciation to Mr. Walter Brown, Community Relations-Personnel Director of the Oakland Tribune, for graciously providing the inauguration photograph which appeared in the April issue of the UCSF NEWS.

UCSF NEWS is a publication of the University of California, San Francisco
Francis A. Sooy, M.D., Chancellor
Produced by the staff of the Office of Public Programs
Acting Editor, Rita Carroll
Issued in the months of April, June, August, October, December and February.
UCSF NEWS, 1487 Fourth Avenue, S.F. 94122

Memo

From the Chancellor

In recent weeks, an increasing number of members of the campus and surrounding community have been involved in efforts to inform legislators and others concerned about planning efforts on the San Francisco campus. At public hearings held recently in Sacramento, several community members appeared with me and others from the campus to present their views on the long-range development planning alternatives, particularly the new School of Dentistry building and Moffitt Hospital modernization. I felt these hearings were very instructive and afforded legislators the opportunity to learn of the San Francisco campus' contributions to community participation.

Growth plans for the San Francisco campus are being revised, as is occurring in most areas of higher education, because of recent trends and developments in support levels. Current revisions include reduced student enrollment projections, a ceiling on campus development through 1985, conversion of University-owned houses to residential use as on-campus space becomes available, and increasing open space and landscaping where possible. We will continue to seek the advice and support of community representatives in all of our planning efforts.

I am pleased to confirm that the Langley Porter Neuropsychiatric Institute will be transferred from the California Department of Mental Hygiene to the University, effective July 1, 1973. The Board of Regents at their meeting on May 17, 1973 conditionally approved the transfer by accepting title to the facility and the land. Efforts have been underway for some years to assure that the transfer to the University will be as smooth as possible. This involves transfer of personnel, training programs, administration, etc., all requiring an enormous amount of coordination.

The Affirmative Action Program for the San Francisco campus has just been completed for transmittal to President Hitch for approval by the Office of the President. Ms. Joanne Lewis, Affirmative Action Coordinator, has done a superb job of presenting the policies and procedures of the San Francisco campus and copies of the program will be widely distributed in the very near future. The Affirmative Action Program for the San Francisco campus is in keeping with the commitment we have made to realize fairness and justice in all aspects of our campus life. The program is intended to utilize effectively the skills of minorities and women at all levels of employment and all campus members are expected to make every effort to implement recommended procedures.

The chancellor assumes final implementation and monitoring responsibility, through the Affirmative Action Coordinator, but responsibility clearly rests with each individual of the campus community. I believe the Affirmative Action Program clearly presents the goals and establishes the mechanism for realizing equal opportunity on the San Francisco campus and I look forward to our continued efforts and further progress in all campus programs.

Francis A. Sooy, M.D. Chancellor

On Campus

League of Women

A small group, on campus, the UCSF League of Women has been responsible for some excellent programs, including "Equality for Women," and "Child Care Center at UCSF."

Among those who have made these noon presentations possible are Joanne Lewis, Affirmative Action Officer; Laurel Glass, Associate Professor of Anatomy; William Reinhardt, Associate Dean, School of Medicine; Noel Christian, Assistant Personnel Manager; Charles Harlins, Vice-Chancellor for Student Affairs; Pat Calarco, Lecturer in Pediatrics; Elinore Lurie, Lecturer in Psychiatry; and Associate Professors in Nursing Virginia Oleson and Lucille Newman.

The League of Women needs others who can offer their talent and time. Areas needing attention are Grievance Procedures, Policy, Education, Child Care Center, Communications.

Contact Lucy Marton, c/o Housing Office, Box 201, Millberry Union (or ext. 1086).

Be Alert

Staff, students, and faculty are urged to join in the effort to create a better campus environment for all who work or study here or are patients or visitors. Each one of us can help in this effort. Be alert! Be aware of safety factors as you go about the campus in your everyday activities. The first place to look, of course, is in your own work environment. Do you see unsafe practices by employees on a regular basis? Call it to their attention. Are file drawers left open? Two upper drawers pulled out can tip over the whole filing case. An open side drawer in a desk can scrape unwary shins.

Our own departments, of course, are only part of the problem. Is there a torn carpet on a stairway that may trip someone? Is there a burned out bulb in an inner stairway?

Let us suppose that you are walking down the stairs below Moffitt Cafeteria and find that someone has spilled a cup of coffee on the steps. The natural tendency is to assume . . . "somebody must be responsible and I am sure they will clean it up." You are probably right, but will it be done before or after someone takes a bad fall and sustains a potentially serious injury? Of course, it isn't really your responsibility, but how long would it take to stop in the nearest office and phone the Building Maintenance Department, extension 1695; or in a real emergency go to the nearest restroom, grab a handful of paper towels, and do it yourself?

If the problem requires repair work, such as a broken stairway rail or a broken window, it should be reported immediately to the Physical Plant Department, extension 2021. The important thing is to take some action yourself rather than wait for somebody else to do it.

Honors

The film "Aliyah," which was made during the volunteer Mobile Clinic project in Israel during the summer of 1972, has just won the coveted Golden Eagle Award presented by CINE (Council on International Non-Theatrical Events). This makes the film eligible for entry in international film festivals as a representative of U.S. educational films. The film, which documents the mobile clinic program in Israel and occupied territories, was produced by Marvin M. Stark, Professor of Operative Dentistry; Ronald J. Nicholson, Associate Professor of Operative Dentistry; and Kenneth B. Soelberg, Clinical Professor of Operative Dentistry, all UCSF faculty members.

Post-production and editing were performed by Jonathan Flaccus and Richard Beindorf of CORT (Communications Office for Research and Teaching) Motion Pictures on campus. They also collaborated on last year's award winning movie "Chalutz" which describes the mobile clinic activities in Israel.

"Aliyah" portrays dental treatment rendered to children in Israel in kibbutzim, moshavim, and in the El Arish area of the Gaza Strip. Dental students who participated in the project from UCSF were Don Gardner, Mark Jankowski, Bill Moore, and Andrew Zee; and dental hygiene student Christy Robinson, along with recent U.C. hygiene graduates Marina Heinrichs and Georgia Koza.

In addition to U.C. students, volunteer auxiliary personnel were from the University of Santa Clara as well as various universities throughout the U.S.

This project is entirely funded through donations from private citizens in Northern California who are interested in sustaining the program. Students volunteer their time and pay their own transportation.

Awards

The 1973 Chancellor's Awards for Public Service were presented to three individuals at UCSF for their contributions to the campus and the Bay Area community.

Recipient of the Dr. Thomas N. Burbridge Memorial Award was Mrs. Joanne A. Lewis, UCSF Affirmative Action Coordinator and former chairwoman of the Black Caucus. The $600 Award was given to Mrs. Lewis in recognition of her leadership to achieve equal opportunity in education and employment, both for minorities and for women.

Awards of $500 each were given to Dr. Joseph S. Spinelli and to Alfred E. Staubus, graduate student in Pharmaceutical Chemistry.

Dr. Spinelli, Administrator of the animal care facility at UCSF and an Assistant Clinical Professor of Veterinary Medicine, was commended for his work with mentally retarded people and for his unique training program in animal care, which provides an educational opportunity for unskilled persons.

Alfred Staubus was cited for his dedicated efforts to reorganize the Student Health Services, which have resulted in improved health care for UCSF students.

Making the presentations were Chancellor Francis A. Sooy and Haight-Ashbury community leader Mrs. Idaree Westbrook. The Chancellor's Awards were established in 1971 to recognize individuals whose outstanding services to the campus and the Bay Area community extended beyond the scope of their assigned duties.

Personnel Notes

A reminder . . . any correspondence received in departments from the State of California, Department of Human Resources Development, should be forwarded *immediately* to the Unemployment Insurance Specialist in U-12. Under no circumstances should any forms be completed by the department. Because the University must respond to all notices from HRD within a very limited time (usually ten days from the date mailed), it is essential that these procedures be followed.

UCRS ANNUITY PLAN
APRIL VALUE 11.531

The above value is derived from units in force and market values as of the last day of the preceding month. Any staff or faculty member of UCRS or PERS may participate in the fixed or variable voluntary Annuity Plans, either out of taxed income or by tax-deferred methods. Further information and new booklets describing these plans are available in the Personnel Office.

When the uniform contribution rate of 8.1% for men and women was adopted by the Regents on July 1, 1971 a provision for gradual increases was also adopted for those employees who had a lower contribution rate at that time.

The schedule for increases each July 1 is as follows: 7.5% effective July 1, 1973; 7.7% effective July 1, 1974; 7.9% effective July 1, 1975, 8.1% effective July 1, 1976.

The new minimum rate of 7.5% will affect the August 1, 1973 paychecks of any employees currently contributing 7.3%. Individual notices will be mailed during July directly to home addresses of those employees who will be affected by this change.

Federal Cuts

Dr. Harold Harper, Dean of the Graduate Division, talked recently about the results of a departmental survey indicating effects of federal budget cutbacks.

"We sent a questionnaire to the different departments which have graduate study programs," he explained, "because we wanted a direct response to how many losses were expected among students, faculty, and employees as their training grants end."

"For example, while Anatomy has no training grants at present, it is concerned about the ability to continue supporting one FTE (full-time employed) faculty member who is paid by extra-mural funds."

"Biochemistry has a grant currently supporting seven students; the department is concerned about support for students entering in Fall '73."

"Nursing is hardest hit at UCSF," Dr. Harper said. "They have four major grants, two of which support nearly 200 students. One of the grants supporting 64 students will terminate by 1974; another providing education for 126 graduate nursing students is ending this year. The remainder of training support is expected to decline, but dates haven't been announced as yet by the granting agencies."

"In addition to the effect of cutbacks on students," Dr. Harper noted, "as many as 12 FTE faculty will be lost unless alternative means of support is found.

As of this moment, 50 to 60 students in Nursing's Graduate Division may have to seek another source of support."

Oral Biology, the only Division in the School of Dentistry offering a graduate program totally within that school, has nine stipend-supported students. Their grant terminates in 1974.

Pharmaceutical Chemistry's 19 students may be supported until they receive their degrees, but no new students can be added to the training grant. In addition, one FTE faculty position may possibly be unfunded.

Pharmacology has not yet received notice that training grant support will end; whereas Physiology has been notified that 12 student-stipends currently funded by a training grant definitely will terminate by 1977. No new students can be supported on training grants in Physiology and one FTE faculty position will possibly be affected.

The Department of Psychology is also hard hit: the problems associated with uncertainty about the changeover from State Mental Health Department staffing to the University are compounded by these federal cuts. Three psychology students in Human Development are supported by training grants. Extramural funding supports faculty in the psychology group and seven faculty members may be affected.

In the Sociology department, graduate students in Human Development are substantially supported by training grants. One of these grants is scheduled to terminate in 1973 and another by 1977; as many as ten students could be affected.

"To sum up the picture," Dr. Harper continued, "federal cuts may not be felt maximally by most departments until mid 1974 or later, because cutbacks will be accomplished by gradual phasing out rather than 'sudden cuts.'"

Dr. Harper added, "There doesn't appear to be any diminution of student applications to the School of Nursing for Fall of this year, but we have no information as to how many who have applied will be able to attend if financial support is lacking."

In the meantime, Nursing is making vigorous efforts to provide opportunities for part-time study in the form of an extended degree program which allows greater flexibility for completion of course requirements. The program being contemplated for the UCSF campus will allow some graduate students to continue to support themselves by working on campus while studying. Under the direction of UCSF nursing professor Shirley Chater, one such program is already functioning at Cal State in Sacramento.

"There are still some students supported by intramural fellowships or by their own means. So, despite the ominous situation," Dr. Harper concluded, "the Graduate Division has not yet felt the full severity of impending projected budget reductions."

"Although there is, properly, considerable concern by people on this campus with respect to staff employees' jobs, equal concern should be directed toward the students and what will happen to them."

ZIP ZIP ZIP

New *ZIP* code for UCSF 94143—effective July 1st. Plan your orders for letterheads, envelopes and other printed matter so the correct zip number will appear.

VITA Awards

Eight volunteers who participated in the Volunteer Income Tax Assistance (VITA) Program at UCSF recently received award certificates for their work.

These volunteers, all members of UCSF, serviced 180 IRS tax returns for campus staff and the community free of charge.

Jan West, manager of the program and representative of the Taxpayer Education Office for the San Francisco District of the IRS, states that there are plans for another program next year: "Our approach next year will be to get out into the community. We will be much busier than this year, so we plan to rotate past volunteers into manager positions for more tax centers."

Mr. David Johnson, Coordinator of the Employee Development Division of the UCSF Personnel Office, says he saw the program as serving a cross section of the campus community and expressed confidence that . . . "next year even more UCSF employees and community residents will take advantage of this service."

Pictured from left to right: Mr. David Johnson, Jan West, Jean Lieberman from the Biomechanics Lab and Orthosurgery, Rose Mercado from the Dean of Pharmacy Office, Freeman Bradley, Phil Ruttenberg from the Accounting Office, Tony Vance in the Department of Medicine, and John Wylie as Internal Revenue Agent. Not pictured are: Amelia Fields from the Millberry Union Bookstore, Walter Nelson and Frank Dorsey from the Chancellor's Office.

Graduation

Commencement exercises for the four professional schools at UCSF were held separately this year.

The 110th Commencement Exercises for the School of Medicine were held Saturday, June 2 in the main ballroom of the St. Francis Hotel. Guests were welcomed by Chancellor Francis A. Sooy and the commencement address was given by Dr. Hibbard E. Williams, Professor of Medicine at UCSF and Chief of Medicine at SFGH. University of California President Charles J. Hitch conferred the degrees and certificates.

Presentation of the Gold Headed Cane was made to Pamela Marie Sutton at the commencement ceremonies. This award is made each year to the UCSF senior medical student judged by classmates and faculty as best exemplifying the qualities of a true physician. The original Gold Headed Cane has been an historic symbol in British medicine since 1689 and has been a tradition on this campus since 1939 when it was initiated by Dr. William J. Kerr.

The School of Pharmacy held its commencement exercises Saturday, June 9 in the Scottish Rite Temple at 19th Avenue and Sloat Boulevard. The commencement address was given by Dr. James R. Neilsen, Lecturer in Pharmacy Administration.

The Bowl of Hygeia Award given by the Associated Students of the School of Pharmacy each year was presented to Steven Leon Barriere: Jeffrey Lee Monaghan and Michael Spino won Honorable Mention. The Bowl of Hygeia is the School of Pharmacy's highest award and has been given annually since 1966.

The John Walter Millar Award in Pharmacy Administration was presented to senior student Terrence Fook Wong.

On June 15, in the Palace of Fine Arts, the School of Dentistry conferred degrees and certificates on students completing studies in dentistry and dental hygiene. Guest speaker for the occasion was Mr. Frank G. Edwards, Vice-President of Lewis A. Allen Associates in Palo Alto. Opening remarks were by Chancellor Sooy and the closing message by Jack Sherman, President of the Class of '73. Dean Pavone spoke to the graduates during the ceremony and presentation of Outstanding Teaching Awards was made by Steve Canagnolo to Drs. Norwood Lyons and Thomas Christie. Master of ceremonies for the exercises was John Bozich.

The Palace of Fine Arts was also the scene for School of Nursing ceremonies, during which degrees were conferred by Chancellor Sooy for Bachelor of Science in Nursing, Master of Science, and Doctor of Nursing Science. Dean Marjorie S. Dunlap greeted the students and an Address to the Graduates was given by Willamina Rose, Assistant Clinical Professor of Nursing at UCSF.

The Florence Nightingale Award, presented each year to the graduating senior selected as the student who has shown excellence in clinical nursing and has demonstrated the qualities of an ideal nurse, was given to Charlene Bernauer Maghzi.

Offering the Inspiration and the Benediction was Karan Labacqz, Assistant Professor of Christian Ethics at the Pacific School of Religion.

Is it a tide pool...a piece of the moon...or desert flora?

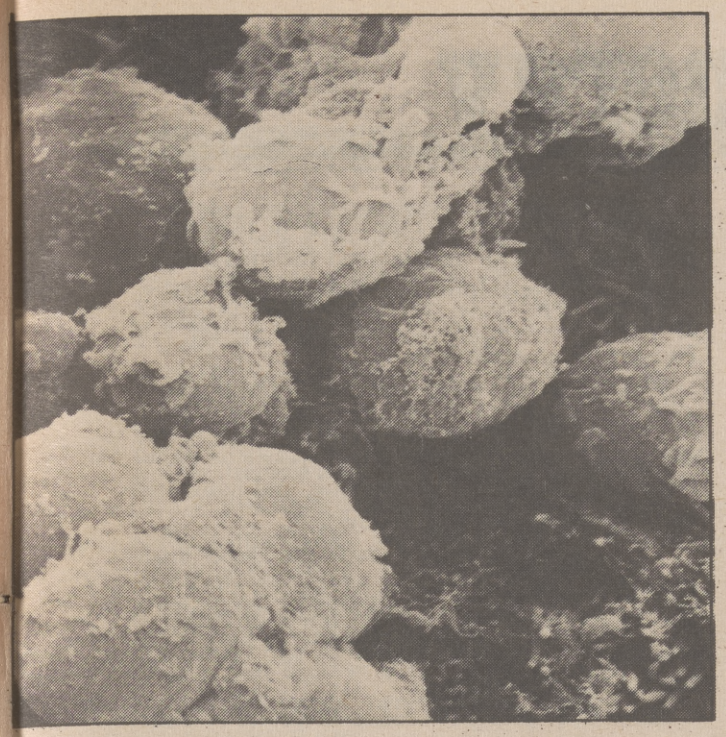
The cover photograph and those on this page were taken with a scanning electron microscope. This powerful microscope shows the surface topology of tissues and cells, in contrast to the transmission electron microscope which is used to look inside cells.

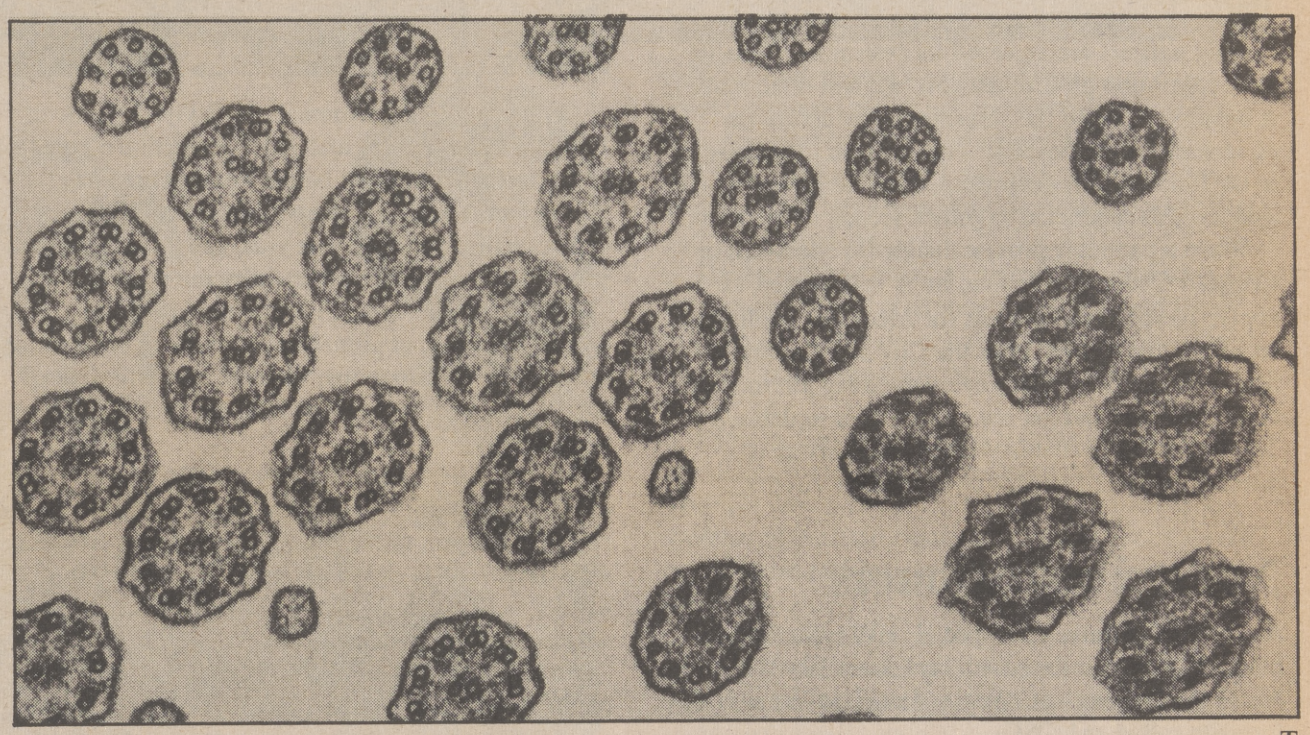
Dr. Ellen Dirksen uses the scanning electron microscope in her studies of ciliated tissues from the trachea (wind pipe) of hamsters and oviducts of mice. This is only one of the techniques she utilizes in studying the development and function of cilia . . . complex cell organelles. Cilia are like tiny hairs whose function is to move particles, as in the trachea; or to transport ova (eggs) into the uterus, as in the oviduct.

Dr. Dirksen is shown here using the complicated instrument. Viewing may be stopped at any point to photograph an area of the tissue specimen. The picture is taken automatically and developed by a camera attached to the instrument.

The micrograph identified with a "T" is the only transmission electron microscope photograph in this group and it shows a cross section of cilia which appear in the other micrographs.

This basic approach to the study of cell structure and function is ultimately necessary to understand the mechanisms that are involved in diseases and to develop treatment for medical problems, such as cancer.





T

Hospitals and Clinics: Synergy

Financial Services

Patients hospitalized at UCSF and eligible for health insurance, financial aid, or governmental medical programs are obtaining these benefits with a minimum of red tape, thanks to the new In-Patient Financial Services Office.

Located off the Moffitt Hospital main lobby, the department is supervised by Jim Wood, and has an 18-member staff composed primarily of insurance and financial counselors. Four financial counselors work closely with patients in helping them to obtain financial aid through the California Medical Assistance Program (Medi-Cal), Crippled Children's Service, other third party sources, or Clinical Teaching Support Funds provided by the State of California for hospital care in the UCSF teaching program.

As soon as admitting records are available, incoming patients are screened to determine eligibility. Pre-registration procedures now in effect often make it possible to begin the screening even before the patient enters the hospital. Face-to-face interviews in the Financial Services office, or at the patient's bedside are also conducted to gather needed information.

When a patient is proven eligible for Medi-Cal or Crippled Children's Service, he is encouraged to apply. To speed the process for Medi-Cal applicants, an Eligibility Worker from the City and County of San Francisco is available every weekday afternoon to certify patients and get the applications underway. This service is available whether the patient is a resident of San Francisco or of another county.

Nurse Practitioners

A new kind of nurse with special skills and responsibilities has entered the health care scene. She is the Nurse Practitioner—or "Nurse Associate" as she is formally called at UCSF.

The Nurse Practitioner is a Registered Nurse with special training. She carries her own patient caseload and, working in collaboration with doctors, performs many duties once exclusively those of the physician.

As a result of recently established training programs at UCSF, growing numbers of Nurse Practitioners and Nurse Practitioner trainees are working in the Pediatric and OB-Gyn clinics at UCSF, at San Francisco General Hospital, at a variety of other ambulatory care settings, and in private practice throughout the Bay Area. There are, currently, some 40 graduates of the program.

One of these Nurse Practitioners is Diana Jacobson, employed in the UCSF Pediatrics Clinic. Her duties include performing comprehensive examinations, giving immunizations, maintaining the patients' charts, and counseling parents on problems of child rearing and development as well as the management of common illnesses and injuries. The doctor is always available, but it is Diana who is responsible for the primary care of her patients, who see her on a continuing basis.

Diana recently earned her M.S. degree in Nursing at UCSF as well as completing the "Nurse Associate" training course here. She has children of her own, ages 5 and 1, and looks on the opportunity to be a Nurse Practitioner as a "dream come true." Being a mother as well as a skilled nurse gives her a special kind of rapport with her patients.

On the job in the Women's (OB-Gyn) Clinic at UCSF, Trisha Worby and Alice Bullick are equally enthusiastic about their Nurse Practitioner roles. Trisha worked for a Chicago public health agency before coming to UCSF last year, and Alice had many years of experience as a maternity nurse at UCSF.

As Maternity Nurse Practitioners, they are qualified to conduct prenatal examinations and routine gynecology examinations; to treat common gynecological conditions; and provide family planning service.

To Trisha and Alice, the opportunity to reassure a worried patient—to calm her fears—is the most rewarding aspect of the job. "Talking over problems with the patient is one of the most important things we do," said Trisha. "We're patient advocates as well as nurses."

Patients learning for the first time that a Maternity Nurse Practitioner is going to examine them, usually react with a mixture of surprise and relief. Most are grateful to find someone to turn to with their questions. A statement the Maternity Nurse Practitioners hear over and over again is: "I've never been able to talk to anybody like this."

Nurse Practitioners have been particularly useful in conducting teen pregnancy clinics which provide care and counseling for these high-risk young women and their babies. In the UCSF OB-Gyn Clinic, the teen pregnancy program is under the direction of Dr. Robert R. Creasy; at SFGH, a similar clinic is directed by Dr. Phillip Goldstein.

UCSF began the first pilot Nurse Practitioner training program in 1971. The Trainees were graduate students in the School of Nursing, who became prototypes for the present program.

Twenty-week Continuing Education courses for "Pediatric Nurse Associates" and "Maternity Nurse Associates" began in Fall 1972 and Spring 1973. Although students enrolled in these programs are trained in the two separate specialties, they also share a "core curriculum" designed to give them a comprehensive understanding of the health care needs of young families.

The course begun in Fall '72 was a Work-Study Program, open to California licensed baccalaureate R.N.'s currently employed in health agencies where they put their training into practice as part of their education. The course begun this Spring was an In-Residence Program, open to California R.N.'s with an A.A. degree or diploma from a hospital nursing school. These full-time students have been receiving their clinical experience in planned programs at UCSF and selected facilities. "Nurse Associate" preparation also is available to undergraduate and graduate students of the School of Nursing on an elective basis.

Funded under a three year contract from the National Institutes of Health, these programs are designed to clarify a number of questions about the Nurse Practitioner's role, training, and integration into the health care delivery system.

The courses are offered under the Department of Family Health Care Nursing of the School of Nursing in collaboration with the Department of Pediatrics and the Department of Obstetrics and Gynecology of the School of Medicine.

Betty L. Highley, Associate Professor of Nursing, is Project Director. Doris Dunbar, R.N., and Donald L. Fink, M.D., are Co-Program Directors for the Pediatric Nurse Associate Program; Marianne K. Zalar, R.N., and Phillip Goldstein, M.D., are Co-Program Directors for the Maternity Nurse Associate Program.

New Directions

New patterns of outpatient service are evolving at UCSF and throughout the United States. Some of these trends were brought into focus in an interview by Robert A. Derzon, UCSF Director of Hospitals and Clinics.

"Patients today recognize that they have a right to services which are more personal, more accessible and convenient, and which offer greater continuity of care than traditional clinic programs have in the past."

"Super-specialization and rising costs of services have complicated health care delivery in the major university centers. When it comes to purchasing health care, people are more sophisticated today, and many have more alternatives available as a result of pre-paid health plans, health insurance, and small neighborhood clinics, including some which are 'free'."

According to the Director, UCSF is examining new directions in managing ambulatory care services that will meet patient expectations and, at the same time, continue to provide a sound environment for teaching and research.

To offset the rising educational and service costs of maintaining outpatient services in a teaching setting, an increasing proportion of clinical teaching support funds (a constant dollar amount provided by the State) is being diverted to the clinics each year. "Nearly two million dollars is now allocated for UCSF outpatient services or about 40 percent of the $5.18 million available annually to the total UCSF campus," the Director reports.

"So that charges for patient care can be kept comparable to those in non-teaching settings, clinical teaching support funds will have to be consistently expanded," Mr. Derzon believes. "Regrettably, State Finance Department personnel now look on this as an unlikely prospect.

"UCSF is a major referral center where patients are sent by their physicians for diagnosis and treatment uniquely available here," he notes. "There are

numerous specialty clinics treating patients with complex conditions. Curiously, we often find that we have fewer experienced physicians and students in ambulatory service where many allege we need the most experienced medical manpower."

"We must surmount the problem of continuity of care by making it possible for senior faculty who are clinically oriented to spend more time in the clinics. We hope to strengthen the various nurse-practitioner programs so that some patients can be seen regularly by a health team member. We also need to decentralize administrative functions . . . such as registration and appointment scheduling . . . by locating them in the patient care areas rather than in a centralized clinic lobby. Our hope is to try, in some cases, to merge clinic and faculty practice into a single, cohesive program of care."

These goals will be pursued as the Clinics make the transition to the new building across Parnassus Avenue. Meanwhile, many problems are being alleviated in the present building.

For instance, Robert Christmas, Assistant Director, Hospitals and Clinics, reports that with streamlined new procedures, the average waiting time for a clinic patient has been reduced from as long as three hours or more in 1970 to no more than 15 to 20 minutes today.

The adult "screening clinic," which opened July 1, 1972, is operated seven days a week from 10 a.m. to 8 p.m. Patients with non-specific ailments are examined in this clinic, receive immediate treatment if needed, and follow-up appointments as indicated in the UCSF clinics or referral to other appropriate health services.

Modesto Cardiac Clinic

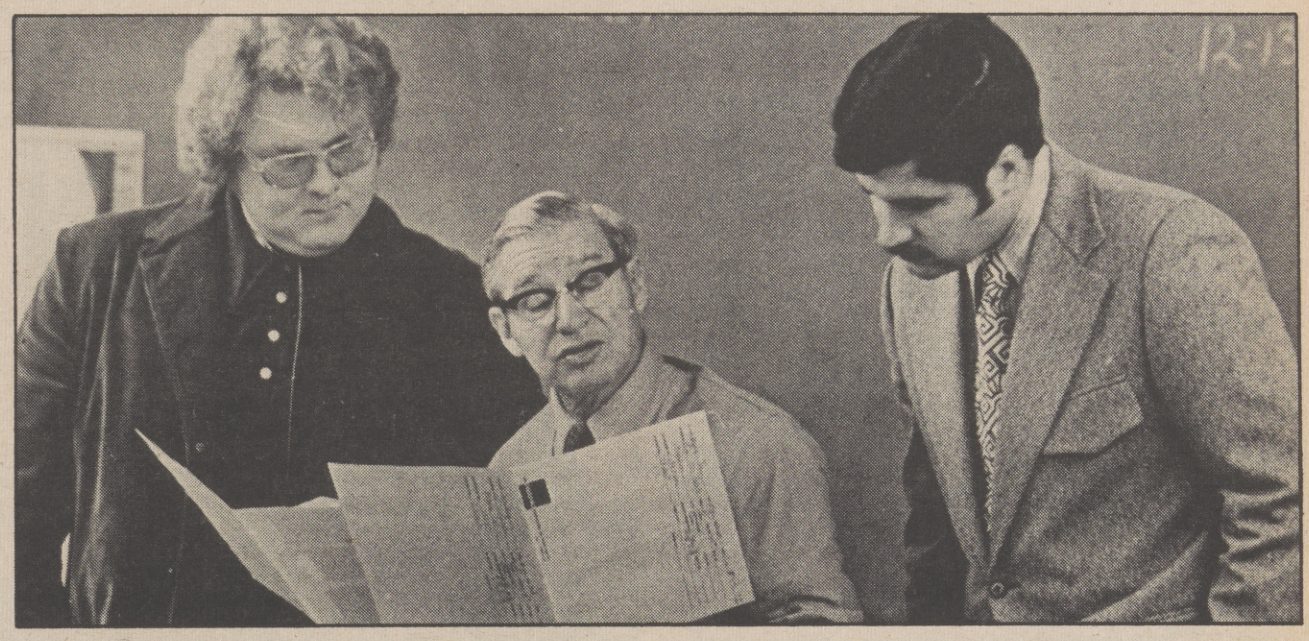
The conference room at Modesto's Scenic General Hospital was filled with people who had gathered to share a special learning experience. They included local pediatricians, public health nurses, and second year nursing students from a nearby college.

Also in the audience were three medical students and a young resident participating as guests of the physician who had come to conduct the all-day cardiac clinic, Dr. Saul J. Robinson, distinguished pediatric cardiologist and UCSF Clinical Professor of Pediatrics.

The special clinic was one of a series held year-round by Dr. Robinson throughout Central California in an unusual "outreach" program he originated 24 years ago. It all began when a Modesto colleague—then the only pediatrician in town—became ill and asked Dr. Robinson, as a favor, to drive down and spend a day examining his patients. During that first visit, he saw the area's need for cardiac consultative service and decided to return periodically and share his diagnostic skill.

The idea spread and before long he was making four visits a year to Merced and Fresno as well as Modesto, and six visits a year to Stockton.

Dr. Robinson also conducts periodic clinics in the northern part of the State, makes annual visits to Nevada and Idaho, and during the 'fifties and sixties,' before he was affiliated with UCSF, was one of a team of heart specialists who flew into remote areas of Alaska to conduct clinics. In 1965, he conducted cardiac clinics during two visits to Japan.



A small, sturdy man with a brisk stride, Saul Robinson is warm, witty, and unfailingly gentle with his patients.

The pattern of his "outreach clinics" varies depending on the area, but in each case the purpose is to permit local pediatricians to bring young patients with suspected heart problems to Dr. Robinson for examination and diagnosis. The clinics not only benefit countless patients, they also help pediatricians and other health professionals to learn to recognize symptoms of heart disease in babies and young children.

Dr. Robinson calls it "bringing the consultant to the community." The child's primary physician is present and the specialist is present, exactly as if they had come to San Francisco for a consultation.

Because Dr. Robinson insists that each of the visits also serve as a "teaching clinic," his UCSF students—as many as he can take in his car—go on each Central California trip. Those participating have included senior medical students, interns, residents, and many foreign students and fellows.

The recent Modesto clinic, sponsored by the county Crippled Children's Service, lasted from 9 a.m. to 4 p.m. One after the other, the local pediatricians presented their patients who ranged from tiny infants to teenagers. In each case the pediatrician presented the patient's medical history and physical report, and next the x-rays and electrocardiograms were reviewed by Dr. Robinson and the students. Then Dr. Robinson, the local pediatrician, and the students listened in turn through stethoscopes to the patient's heart beat.

The nurses and nursing students also had an opportunity to gather around the patient and listen through electronic stethoscopes. Some of the patients had significant heart murmers, others were free of symptoms.

Participation of nurses and nursing students in the clinics is a recent but significant development. With the emergence of the nurse practitioner as a member of the health care team, nurses need the skill to recognize problems requiring special medical attention.

In the Scenic General Hospital audience, for example, were several public health nurses with experience in conducting screening examinations for children in San Joaquin Valley migrant camps and "Head Start" school programs.

"One out of 100 children is born with some kind of heart problem," according to Dr. Robinson. "The greatest recent advancement in this field has been the ability to operate on newborn infants, since at least half of those born with severe heart defects die in the first two weeks of life unless the condition is corrected."

"A common problem is the cyanotic (blue) baby, but the majority of these defects can be corrected with surgery. In other patients, there are holes or obstructions in the heart."

"In very recent years, we have discovered that the hole may close by itself, particularly in the first year of life. Between 25 and 30 percent close in the child's first year, and about 4 percent after the first year. Forecasting when and if this will happen, however is like trying to predict an Irish Sweepstakes winner."

Another optimistic trend is the decline of the notion that the child who has a problem with his heart must lead a restricted life.

"In all but the most severe cases, there is no reason why the child can't be as active as he wishes," says Dr. Robinson. "He will tend to set his own limits according to his level of endurance."

"Today, in counseling parents of the child with a heart problem, we like to emphasize all the things that CAN be done, instead of what can't be done to help."

Claire Wray

***photos by** Manuel Dias*

Auxiliary

Moffitt and Medical Science lobbies will be coming up roses for the UC Hospitals Auxiliary sale on June 27. Volunteers like Helen Audy will be on hand to act as salespersons.

Rose Festival

Roses by the thousands—50,000 to be precise—will crop up in Moffitt Hospital and Medical Science building lobbies for the June 27 sale sponsored by UC Hospitals Auxiliary.

The day-long super sale will raise funds for the Auxiliary's rehabilitation, patient care, and equipment purchase projects at the hospitals, according to Edith Catelli, chairman of the event.

Volunteers will act as salespersons of 4,166-dozen bunches. The price? Two dollars for 25 roses. Special feature will be delivery of roses to a designated address for $5. Volunteers will also handle transportation duties.

The blooms will come from Podesta of California. Two previous "festivals" have centered along Lower Grant Avenue in San Francisco. The 1973 sale will be the first centered on the UCSF campus.

* * *

A sale of gift items—vases, artificial flowers, fine china, and ceramics—last month produced almost $1500 for the UC Hospitals Auxiliary, it has been reported by sale chairman, Mrs. William Hinrichs.

Volunteers staffed the booth in Moffitt lobby, where the gifts were on exhibit.

A similar gift sale will be held late next November as a pre-Christmas fund raiser.

photos by John Gorman

Plants supplied for waiting rooms by UC Hospitals Auxiliary fund are tended by the Hogan team: Mrs. Vera Hogan and daughter, Judy.

Teen Volunteers

A teenage contingent of volunteers at UC Hospitals this summer is expected to equal 1972's 90 young people, who worked in a variety of assignments in patient service and in other hospital departments.

"Interviews will be concluded by June 20, and training for young people who are assigned to patient care activities will be finished by June 22," according to Betty Cunningham, Coordinator of Volunteer Services for UC Hospitals.

During their basic training, summer volunteers will learn how to make beds, how to propel wheel chairs, how to take blood pressures and temperatures, how to record chart information.

Orientation will include a tour of the medical center as well as do's and don't's in direct patient care, according to Mrs. Cunningham.

Volunteer, Mrs. Malcolm B. McIlroy, will be in charge of the training programs.

Last summer, young men and women volunteers were assigned as aides in X-ray and pediatrics, in the mail room and central supply, in the hospital gift shop, and in radiology.

Many did sorting, delivery, and typing chores in business offices in UC Hospitals. Assignments are planned not only for service but to provide a learning experience, according to Mrs. Cunningham.

Auxiliary Membership Application
Fill this out and mail to: UC Hospitals Auxiliary, Moffitt Hospital, UC San Francisco, San Francisco 94122.

NAME_____

ADDRESS_____

_____

Type of membership: Active—$10 per year; Alumni—$10 per year; Volunteer (those active in volunteer service in UC Hospitals)—$2 per year; Student—open to all students and their spouses—$2 a year; Contributing—$25 per year; Sustaining—$50 a year; Patron—$100 a year; Sponsor—$150 or more per year; Life—$500. Membership is tax deductible.

Annual Meeting

Announcement of Mrs. J. Ralph Audy's election to the presidency of UC Hospitals Auxiliary for a second term came at the organization's annual luncheon meeting early this month.

More than 100 members were on hand for the event in Millberry Union gymnasium, which was the scene of displays sponsored by medical staff.

On exhibit were a dialysis machine used by kidney patients and equipment used in inhalation therapy.

Guest speaker was Dr. Albert Jonsen, Visiting UCSF Professor of Medical Ethics, associated with the Health Policy Center.

Following the luncheon meeting and address by Dr. Jonsen, guests toured hospital solaria re-decorated with Auxiliary funds and viewed ultra-sonic equipment similar to that which will be donated by the Auxiliary to the hospitals.

Mrs. Audy, a founder-member of the Auxiliary in 1960, has served as secretary, first Vice-President, and Executive Vice-President of the organization as well as its President.

As her "main theme" for her second year as top officer, Mrs. Audy will underline a continuing drive for new members, especially among clinical and full-time faculty at UCSF.

"There is much to do and so many demands for funds. We have gathered momentum in recruiting new members, but we have a long way to go," Mrs. Audy says.

"The Auxiliary is concerned about providing cheer and comfort for patients where needed. Waiting rooms, for instance, can use coffee makers and magazine racks."

"There are continuing requests for replacement of television sets. We would very much like to do more for clinic patient areas."

In the last 12 months, Auxiliary efforts have raised $11,400, according to Mrs. Audy. On the Fall schedule is another benefit—a musicale tentatively set for late October at the Berkeley home of Dr. and Mrs. Julius Krevans. He is Dean of UCSF School of Medicine.

Also on the Fall calendar of Auxiliary-sponsored events is the traditional October Volunteers' Recognition Day Tea, at which pins are awarded for hours given to hospital services.

The Auxiliary President is a past President of the Faculty Wives and has enjoyed being involved with campus activities, particularly in Volunteer work. Past experience in Malaysia, where she worked for the Red Cross and at Government House, has given her the training needed to head the Auxiliary at UCSF.

Mrs. Audy is the wife of the Director of the Hooper Foundation, Dr. J. Ralph Audy. Her biggest challenge in her Auxiliary post?

"Trying to make others as enthusiastic as you are about an organization. It's not easy."

Serving as officers of the Auxiliary for the 1973-74 term will be Lloyd E. Graybiel, first Vice-President; James K. McWilliams, second Vice-President; Mrs. Florence Witter, Executive Vice-President; Dr. Charles A. Noble, Jr., Treasurer; Mrs. Keene Haldeman, Corresponding Secretary.

New board members are Willis S. Slusser, Mrs. Harry G. Mumford, Jr., and Mrs. William B. McCormick.

SFGH

Volunteers

Al was a dropout from his sophomore year at Harvard. He wound up in Haight-Ashbury.

Betty Cunningham, Coordinator of Volunteers at UC Hospitals, looked up from her desk one morning a year ago and there was Al. "Is there something I could do here as a volunteer?" he asked.

He was interviewed, went through an orientation session. His first assignment was a demanding one: Put on a white hospital gown and visit a teenage boy who was in isolation with severe burns—a boy who refused to talk.

Al went faithfully one day a week. For four visits, they sat in silence. On the fifth day, Al reported to Mrs. Cunningham: "He talked today."

This was the beginning of a warm comradeship. Al began to visit the youngster seven days a week. He read books, talked about sports and music and movies. At the end of summer, the boy was much improved. And Al decided to go back to Harvard.

The story doesn't end there. Another young volunteer, Ted, picked up where Al left off. He continued to visit the young patient, even in foster homes after his release from the hospital. They went to baseball games, to the park.

Finally, when a secure foster home promised a happier life to the youngster, Ted came into the volunteer coordinator and reported with pride: "Good news. He doesn't need me any more. He can make it on his own."

Not all volunteer stories are so poignant but all share one quality—a sense of responsibility. At UC Hospitals every year, that sense of responsibility adds up to 35,000 hours of volunteer service.

According to Mrs. Cunningham, the number of volunteers active during an average month totals 200, their monthly hours, 2200. Most volunteers are women. Only about a dozen of UC's 200-plus are men.

"We expect to have more young men in the summer volunteer contingent," Mrs. Cunningham pointed out. "We average about 300 volunteers a month during that period, and many are men."

What do volunteers do? Their services are slotted into about 35 different categories.

They wheel to patients' rooms the library and gift and art carts. They staff the gift shop and the admitting room and lend a hand in the emergency waiting room.

They are assigned to cytology, pathology, and cancer research laboratories and to duties on the cancer floor. They deliver patient information packets at night. They deliver flowers to patients' rooms in the evening.

They file medical records, work in the pediatrics and clinics playrooms. They help out in arthritis and well-baby clinics and in the storehouse where all hospital supplies are kept.

"What needs to be done," Mrs. Cunningham says, "we find people to do."

Right now, Mrs. Cunningham is seeking retired Registered Nurses who have time to volunteer in training new volunteers. Anyone interested may reach Mrs. Cunningham at 666-1196, room 118, Moffitt Hospital.

All volunteers serve a minimum of half-day a week. Annually, in October, the UC Hospitals Auxiliary stages a Volunteer Recognition Day as a thank-you to volunteers. American Hospital Association pins are awarded for 100, 500, and 1000 hours of service or more.

"More than any other group in the hospital," says UCSF's handbook on volunteers, "the volunteers have time and opportunity to add ingredients of love and concern for people, as well as warmth and color to the atmosphere."

Felicity Pruden

Flowers aren't the only sources of funds for busy Auxiliary volunteers. Art has its dollar benefits, too.

At a recent meeting of UC Hospitals Auxiliary board of directors, it was reported that sales of paintings, prints, and photographs from Moffitt lobby have produced more than $1500 so far this year for the Auxiliary treasury.

The organization receives 25 percent of the sale price for art on display, according to Mrs. William B. McCormick, chairman of the Art Committee.

On exhibit from June 1 through July 2 in Moffitt lobby will be the works of Felicity Pruden, printmaker.

Members of the Art Committee are also responsible for organizing the free "art cart" service for patients. Volunteers staff the cart that goes to patients' rooms, where paintings hang free of charge—at the patient's choosing—for their hospital stay.

Prints are also for sale from the cart and provide another source of revenue for the Auxiliary.

SFGH Interns

The excellent reputation of San Francisco General Hospital's medical training program attracts some of the nation's best qualified candidates for internships, according to surveys compiled annually by the Dean's Office of the UCSF School of Medicine at SFGH.

Applications for the 1973-74 internship training program, which begins in July, were received from 862 graduates representing 28 different medical schools, reports Dr. Moses Grossman, Associate Dean. The 45 available spaces in the program were filled from among these applicants. Of the 73 women applicants, eight were assigned to SFGH, an all time high. Last year, six women were assigned to SFGH.

Candidates are chosen by means of a complicated, highly competitive "matching" process, coordinated by the National Intern Matching Program, based in Evanston, Ill. Prospective interns from most of the nation's medical schools rank various training hospitals in the order of their preference, and the faculties of the training hospitals, in turn, rank the candidates according to letters of recommendation, academic performance, and other criteria. These choices are matched by computer and the results determine where each candidate will be assigned.

The current incoming interns at SFGH represent such top medical schools as Harvard, Johns Hopkins, Northwestern, McGill, Albert Einstein, UCSF, and others.

The 862 candidates for internships at SFGH filed 1093 applications through the National Intern Matching Program for the 45 sports in four academic divisions: Medicine; Medicine-Surgery-Pediatrics; Medicine-Family Practice; and Pediatrics-Medicine. There were 584 students who applied for Medicine and the 12 positions were filled from among the top 34 applicants, a ratio of three to one and a new record. Eight Family Practice interns were from the top 14 of a total of 165 applicants, a ratio of not quite two to one. Ratios in the other divisions also were impressive.

When the results of the matching program are announced, these interns sign a contract with SFGH. Unlike residents . . . who rotate between SFGH, the the UCSF Medical Center, and the Veterans Administration Hospital . . . the interns spend the entire period of their training at San Francisco General. They receive a stipend from the City and County of San Francisco, and wear distinctive orange "SFGH" shoulder patches on their white jackets.

Claire

Community Board

Mrs. Elouise Westbrook heads the 27-member community-based board which will eventually assume all responsibility for administering a $1.4 million grant from the Office of Economic Opportunity for improvement of outpatient services at SFGH. The California Commitee on Regional Medical Programs is the temporary fiscal agent for the grant.

Julius R. Krevans, Dean of UCSF School of Medicine, participated in the incorporation ceremonies for the community board, which is called the San Francisco Medical Center Outpatient Improvement Programs Committee.

The OEO grant has been awarded to improve health services offered at the Hospital and at two satellite clinics in the South of Market and Potrero Hill

communities. These clinics are an integral part of SFGH outpatient services.

The South of Market Health Center, located in the Canon Kip Community House, 705 Natoma St., opened last July with doctors, nurses, family health workers, and clerical staff. A mini-bus shuttle provides service for patients, and carries records, x-rays, and laboratory tests back and forth between the Center and the Hospital. With the opening of the health center, the 17,000 men, women, and children living south of Market could, for the first time, receive comprehensive medical care in their own neighborhood.

The Potrero Hill clinic will be housed in a brand new building to be erected on vacant city property next to the Starr King Elementary School on Wisconsin Street. It will have a staff comparable to the South of Market Health Center, offering medical and dental services to an estimated patient population of 5,000.

At SFGH the improvement of clinic services is proceeding with a staff headed by Dr. Donald L. Fink, Director of the Division of Outpatient and Community Services and project director for the grant.

The community board is comprised of seven providers and 20 men and women representing South of Market, Potrero Hill, Mission, Bernal Heights and Hunters Point communities.

Claire Wray

Toasting the incorporation of the "San Francisco Medical Center Outpatient Improvement Programs Committee" are (from left to right) Dr. Moses Grossman, Associate Dean, School of Medicine; Dr. Donald L. Fink, Director, Division of Outpatient and Community Services, SFGH; C. Charles Monedero, Administrator, SFGH; and Mrs. Elouise Westbrook, Chairwoman of the 27 member community based board of directors.

Police Athletic League

The San Francisco Police Athletic League is now in its fourteenth year of operation. Support for this League comes from KSFO, the VIP softball game, P.A.L. circus, Police Commissioners Golf Tournament, world premiere movies, as well as from donations by Friends of P.A.L., and the P.A.L. Boosters.

The P.A.L. baseball program was brought to the youngsters at Aldea San Miguel (UCSF student housing) in 1971. Officer H. Aceret of the UCPD talked to parents at San Miguel and realized that a P.A.L. baseball program would be welcome.

It was decided, also, to include the youth from Midtown Terrace, Forest Knolls, the Sunset and Haight-Ashbury neighborhoods. This would develop a team that was representative of the community.

Officer Aceret took his idea to Chief LaVerne Lopes and Lt. Reno Piccinini of the UCPD. They were enthusiastic and encouraged him to start a team. That year marked the entry of the Twin Peaks P.A.L. baseball team. They entered the Pee Wee Division for boys from 7-10. In 1972 Twin Peaks was represented by two teams, Pee Wee and Bantam Divisions—ages 10-12.

In 1973 Twin Peaks will have three teams, with Cal P.A.L. (ages 13-15) being added. A team representing Twin Peaks has completed a schedule in the P.A.L. Taraval East League. Games were played on a regulation 90 foot diamond; the first time these boys had played on a full-scale diamond.

The team had a 4-win, 2-loss and 1 tie record, which is considered good in this rough Taraval East League.

Kevin Press, 3rd baseman, was chosen as most valuable player by his teammates and was recently presented a plaque by Chief Lopes, during a ceremony in the UCSF Millberry Union Gymnasium. League baseballs were presented also to Darryl Yee, leading hitter with an average of .622, and to Matt Pengel for most strikeouts by a Twin Peaks pitcher

Curtis Chan received a baseball for attitude and devotion to his team. He can be counted on to cheer for his teammates, keep score, warm up the pitcher, see that the hats and helmets are kept in order, and to give his all in the infield and outfield when called upon. An autographed baseball signed by the members of the team was presented to Chief Lopes as a memento for his help and encouragement during the past three seasons.

Mrs. Louise Won, of Midtown Terrace, has been the strong right arm of the team since its beginning. She has helped to coach, and to provide transportation. Mrs. Won has given hours of her time for the boys' activities. In this Spring's Taraval East, she also provided red and white jerseys for each team member.

Duane Press has also helped coach the team and has been a great encouragement. Past coaches, Officers John Edmonds and Glenn Adams UCPD, Rich Aceret and Al Hansen . . . Pee Wee Division coaches . . . were also thanked for their efforts.

The goal of all Twin Peaks teams is to teach boys to play baseball, to have the opportunity to meet boys from other areas in the city, and to work together as a team. Criticism of fellow players is the cardinal sin and is not tolerated by the coaches. Winning is not the ultimate end. The coaches do not believe in pressuring boys of this age to win . . . or else. The team motto is: "If we win fine, if we lose fine," because each game teaches the boys something new.

Mr. Peter Franceschi, Baseball Commissioner for S.F.P.A.L. was given special thanks for his help and encouragement. P.A.L. furnishes bats, balls, catcher's equipment, P.A.L. shirts and caps, everything but the player's mitt. P.A.L. is represented in every section of San Francisco's neighborhoods. Other sponsored sports are: soccer, basketball, track, judo, boxing, football, and tennis.

Also offered is a Law Enforcement Program for juniors and seniors in high school; a soap box derby for youngsters 11-15 with winners sent to Akron, Ohio, for the soap box derby held there each year; and . . . a new feature . . . fishing trips for youngsters from San Francisco who are supplied with all the equipment for fishing and are supervised by volunteer members of P.A.L.

Briefly, this is the story of P.A.L.'s contributions to our community, to San Francisco youth, to youngsters interested in sports, and to the development of better citizens. Our thanks to the S.F.P.A.L. and all the people who make the program possible. By attending P.A.L. functions you help support this worthwhile program for our youth.

Officer Aceret

first row left to right: Paul Sass, Daniel Won, Curtis Chan, and Kevin Press
second row: Matt Pengel, John Facio, Eric Cook, Jon Yee, and Ronald Eng
third row: Coach Aceret, Dave Tapper, Barry Kurpinsky, Lt. Piccinini, Chief Lopes, Darryl Yee, and Coach Duane Press
Not pictured: Tim Watson, M. St. Regis, G. St. Regis and D. Cook

A Neighborhood Organization

In a relatively short period of time, ISAC (Inner-Sunset Action Committee) has an achievement record to which its members refer with pride. Neighborhood improvement is the continuing impetus for the activities of its 200 members. ISAC has become a positive force in the community during less than three years.

"As we embark on preparation of a master plan for the neighborhood," said Douglas Weddell, Chairman of ISAC, "we want to encourage more of the 6400 people within the Inner-Sunset area to join in our activities."

"Our boundaries," he continued, "are Lincoln Way to Kirkham Street and Arguello Boulevard to Tenth Avenue."

Within this 26 block area, there is a complete cross-section of urban elements; single residences, multiple-dwellings, schools, small businesses, and a university campus with two hospitals. The other members of ISAC share with Doug Weddell a determination to coordinate these elements into a neighborhood unit in which all are compatible: traffic, zoning, landscaping, growth are all on the agenda, now, and in the future.

"My own frustration about a noise problem first led me to seek my neighbors' help," he recalled, "and our success with this incident encouraged us to solve other problems, together."

"We discovered that we had mutual concerns about neighborhood deterioration, including a rising crime rate, increased traffic, and the expansion of UCSF."

A nucleus of 23 people formed ISAC on June 17, 1971. Among its major projects are: a Housing and Zoning Committee Report on height and bulk controls under the Urban Design Plan; preparation of a report by a Traffic and Transportation Task Force working with City representatives, other neighborhood groups, and the University; and participation in campus development activities with UCSF. The University's San Francisco campus planning committee now includes a representative from ISAC.

Both ISAC and UCSF worked with CRISP (Coalition for Responsible Inner-Sunset Planning) on a master plan for beautification of the neighborhood. One result is the tree planting project which is possible only because of the volunteer effort of people in the area. Personnel from the National Guard also lend helping hands to this greening of the neighborhood streets. During the past year, 691 trees have been planted.

Creating a mini park at Fourth Avenue and Hugo Street is an immediate phase of the beautification plan. The National Guard is executing engineering drawings and will help to make them become a reality.

The three-year master plan for the Inner-Sunset is designed to improve the area, in general, and to regain some of its residential quality. The cooperation of SPUR and UCSF is being sought to accomplish this.

"Our main problem," explained Doug, "is that of getting people involved in the planning for their own neighborhood and its future. Membership in ISAC is open to all . . . tenants, street-people, home owners, merchants. Annual dues are only one penny in our tax-exempt, non-profit organization."

ISAC has been a leader among the other neighborhood organizations working to curb the expansion of UCSF campus. Doug Weddell believes that communication between UCSF and its immediate neighbors is improving, and that the University is trying to be more responsive to the community. But, as he put it . . . "Fifty years of bad feelings toward U.C. cannot be corrected overnight."

"My biggest criticism," he stated, "is that many areas within the campus do not know what the other is doing. Deans and administrators should hold back on building personal monuments and start thinking in concepts of total campus and community, rather than individual units."

Although he is relinquishing the chairmanship of ISAC, Doug Weddell will remain active in the organization. He is particularly interested in continuing the work with UCSF. Other neighborhood problems which will continue to hold Doug's attention are: zoning to eliminate heavy construction; putting telephone and power lines underground; and discouraging the use of residences as medical office buildings.

A representative for life insurance and health insurance coverage, Doug Weddell and his wife, Joan, own their own home on Irving Street. They are combining their artistic talents and craftsmanship in a personal example of house restoration on their 62 year old residence. He is a model ship builder and she is a medical illustrator at UCSF, where she renders meticulous, anatomical drawings of the human eye.

Doug Weddell's concern about the quality of the neighborhood surrounding his own home led him to encourage his neighbors to form ISAC. His enthusiasm and optimism about its future are obvious when he says: "Our little organization already has done many things . . . and we're just getting warmed up."

Picking out trees at the nursery, Doug Weddell (right), Walt Suser, and Roger Hurlburt.

Happening

The Summer Quarter theme for CAL programs will be "A Family Affair," and will highlight activities for the entire family. The public is invited.

A Walt Disney Productions film series will be presented at prices everyone can afford . . . 50¢ for children, $1 for adults, or $2.50 for one family. July 18—"Toby Tyler;" August 1—"Treasure Island;" August 15—"Polyanna;" and August 29—"The Living Desert." All showings start promptly at 7 PM in Cole Hall.

Saturday, June 23, at 8:00 p.m. a Classical Concert will be given in Cole Hall at UCSF. Presenting the works of Bach, Donizetti, Handel, Mozart, Wolf, and Hall Johnson will be mezzo soprano Christine Hawkins and tenor Charles Cannady, accompanied by Dr. Lindley Mordecai. Admission is free.

Mercurial puppeteer, Tommy Roberts, brings fun and good cheer to the Millberry Union main lounge on Friday, July 13, at Noon. After his performance, Roberts takes his puppets to visit children in Langley Porter and Moffitt Hospitals, and the Pediatric out-patient clinics.

A Family Day Picnic will be held at Marks Meadow, Golden Gate Park, Saturday, July 21. There will be games, recreation activities, and music by the Mantric Sun Mountain Band. Everyone is welcome, no charge. Bring a picnic lunch and be prepared for a day of fun.

"San Francisco At Your Feet" author, Margot Patterson Doss, will lead a hike along trails in Mt. Sutro's wooded area on Saturday, July 28, for young and old alike. You're invited to assemble in the Central Courtyard of the School of Nursing, and bring a bag lunch.

A "Sail-In" is planned for August for experienced or novice sailors; target is Angel Island. Watch for details in CAL summer brochure.

A special performance of "Dracula" is planned for the evening of August 17, followed by a wine tasting party in Millberry Union.

The Committee on Arts & Lectures meets regularly to plan lectures, films, and other performances on campus for the UCSF campus community and the public. New members are welcomed; for further information and meeting schedules, contact Donna Chaban, CAL chairman, 666-2557; or Susan Graham, CAL staff, 666-2019.

The Central Reproduction Service has opened its first "Quick Copy Center" in Room 229N. The Copy Center provides fast, low cost, reproduction of forms, memos, reports, tests, etc. in quantities of 10 to 300 copies. For additional informational call Ray Guerrero, Manager of Central Reproduction, extension 1201.

UCSF NEWS
1487 Fourth Avenue
S.F. 94122

NONPROFIT ORG.
U.S. POSTAGE
PAID
PERMIT NO. 8285
San Francisco, Calif. 94122

Inside

Hypertension, the third highest cause of death in the USA, can be controlled and sometimes cured. Diagnosis, treatment, and research to discover the mechanisms that trigger hypertension are the concern of many individuals at UCSF. 1

Suggestions about what medications to keep in your medicine cabinet, and how long, may prevent an unnecessary trip to the emergency room for you or a friend. 5

Through an individual "outreach" program, a San Francisco heart specialist for children extends his skills to others. He calls it "bringing the consultant to the community" as he combines patient care, consultation, and a unique learning experience for UCSF students and local health professionals in the Central Valley, Northern California, Nevada, and other areas. 11

The goal of the U.C. Hospitals Auxiliary President's second term is to increase membership. The Auxiliary has many activities, including the Rose Festival on June 27 at UCSF. 12

ISAC is an example of neighbors who pull together to improve their community. The members believe they can improve the Inner-Sunset area and there is good evidence they will do just that. 15

UCSF NEWS

VOLUME I Number 2 June 1973

It may not be what you think it is. (see page 8)